


Knowledge of Family About Post Stroke Care for the Elderly in Kasang Kumpeh Village Jambi

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Abstract

The elderly period or aging process is bound to occur in the human condition. Various types of diseases are very easy to attack the function of our organs. To minimize the disease that comes, a good lifestyle is needed by means of routine exercise and knowledge about health awareness. Stroke is a common cause of third-order death in developed countries after cardiovascular disease and cancer. The goal of rehabilitation is to help patients become independent again and have a good quality of life. This research activity is to determine the description of family knowledge about care for the elderly or post patients in Kasang Kumpeh Village, because stroke is one of the diseases that requires special care and support from the family. The method used in this study is qualitative method and the technique carried out is sampling technique. The results showed that family knowledge about post-stroke patients was mostly lacking. The more knowledge the family has, the greater the support that can be provided in the process of treating stroke patients. Furthermore, this research can be used as a source of family knowledge for post-stroke therapy for the elderly in Kasang Kumpeh village. The results of the evaluation both through interviews, questions and answers regarding post-stroke knowledge are that the average family and the elderly each know less about the care of post-stroke patients, so it is necessary to hold further education related to this post-stroke.

A. Introduction

The elderly or aging process is bound to occur in the human condition. Various types of diseases are very easy to attack our body's organ function. To minimize the disease that comes, a good lifestyle is needed by means of routine exercise and knowledge about health awareness (Zainuddin, 2019).

Patients who have experienced the critical phase of stroke are known as post stroke. which occurs due to a stroke that is quite diverse based on the severity of the stroke attack that occurred. The results include: paralysis of part of the organism on one side that is difficult to do activities, difficulty eating and swallowing, unable to communicate and lack of confidence or emotional disturbance (Hasanah et al., 2019). Training must be given to patients who have experienced a stroke. in order to display new circuits (sensomotor and cognitive) so that these new circuits replace the functions that exist in damaged circuits. brain capabilities that are comparable to the plasticity of the human brain (Suciati et al., 2022). The stroke prevalence statistics in Indonesia that are in the top order are intended for east Kalimantan and central Java in the eleventh order, with the highest age range, which is more than 75 years years (50.2%) along with the best total presentation.

Stroke is the third leading cause of death in developed countries after cardiovascular disease and cancer (Kesuma et al., 2021). Each year, more than 700,000 Americans have a stroke, and 150,000 die from stroke

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or from complications immediately following a stroke. Every time 4.7 million people in the United States have experienced a stroke, resulting in stroke-related health services costing more than \$18 billion each year (Nababan & Giawa, 2019). According to the Indonesian Stroke Foundation, there has been an increasing trend in the number of people with stroke in Indonesia in the last decade, even according to a 2004 survey, stroke affects 35.8% of elderly patients and 12.9% at a younger age. Another study by Chen said that more than 80% of non-hemorrhagic strokes occur in the elderly (Bagaskoro & Pudjonarko, 2017). The incidence of stroke due to bleeding (hemorrhagic) is more common at the age of 40 € 60 years while due to infarction (non-bleeding) is more common at the age of 60 € 90 years. The total number of stroke patients in Indonesia is estimated to be 500,000 each year. Of these patients, approximately 2.5% / 250,000 people die, and the rest are mildly disabled or severely paralyzed (Handayani & Dominica, 2019).

Compared to other diseases, patients who suffer a stroke experience a longer recovery, which can even last a lifetime. Patients who have had a stroke are called post-stroke individuals after they are discharged from hospital. Post-stroke patients who experience disability must immediately get rehabilitation. The goal of rehabilitation is to help patients become independent again and have a good quality of life.

After a patient has a stroke, rehabilitation should start as soon as everything is good, usually 24 to 48 hours after the stroke (Kwah & Diong, 2014).

B. Research Methods

The research was conducted in September 2021-February 2022 using a descriptive-qualitative method. According to Bogdan and Taylor in (Lubis et al., 2020), qualitative methods are research procedures that produce descriptive data in the form of words or written statements from people and observed behavior. Qualitative methods obtain descriptive data in the form of words or written statements from people and observed behavior. The strength of qualitative methods is their ability to provide complex textual descriptions of how people experience specific research problems. It provides information about the "human" side of an issue, contradictory behaviors, beliefs, opinions, emotions, and people's relationships.

The series of research activities began from September 2021-February 2022 which began with problem identification, but data collection will be carried out in January 2023. The research will be conducted in Kasang Kumpeh Village, Jambi.

Sampling technique is a process in selecting samples used in research from the existing population, so that the number of samples will represent the entire existing population (Arieska & Herdiani, 2018). According to (Ishmah et al., 2020), sampling is the process of selecting a portion of the population that can represent the existing population. The sampling method used in this study is non-probability sampling technique (census), which is a sampling method when all members of the population are used as samples. This is done when the population is small, less than 30 people. The population of this study were Kasang Kumpeh residents, and the sample size was 30 respondents.

The sample size in this study was determined based on estimates or estimates of population proportions according to Lemeshow, Holmer, Klar & Lwanga, 2000. The sample size in this study was determined based on the target population. So that the number of samples in this study were all XII grade students majoring in nursing at SMK Baiturrahim with 28 students.

C. Results and Discussion

Overview of Family Knowledge of Post-Stroke Patients: The results showed that most family knowledge was in the lack category, namely 31 respondents (52.5%), in accordance with the statement (Yunus et al., 2016) that family knowledge is very important in caring for stroke patients at home, especially in the Kasang Kumpeh Jambi area. In this study, 40 respondents (67.7%) had a high school education. Knowledge itself is influenced by educational factors, but it needs to be emphasized that low education does not mean lower knowledge, because knowledge is not absolutely obtained from formal education alone. The more knowledge gained, the greater the support provided in the care process. Families will not understand in providing adequate care and needed by stroke patients if they do not know how to care for stroke patients and orient them to the care provided to them. Families must understand the consequences of stroke and the possible complications that will occur after a stroke. The patient's recovery will also be more difficult to achieve if the family does not know what to do to improve the patient's disease condition after a stroke and what treatment is most suitable for the family (Aquino et al., 2018).

Overview of Family Physical Exercise Care in Post-Stroke Patients: From the results of the study, only 35 respondents (59.3%) reported that the family did not help post-stroke patients to exercise or move limbs. ROM exercises are said to prevent loss of flexibility and joint stiffness. It is also said to increase neuromuscular and muscular chemical activity through stimulation (Wijayanti, 2021).

Overview of Family Nutrition Care in Post-Stroke Patients: The results showed that 34 respondents (57.6%) did not have nutritional care data in their category. Families do not remind post-stroke patients to eat on time and avoid foods with high salt and high cholesterol, such as degan. Foods such as offal, squid, fried foods, and coconut milk foods are also good for those suffering from stroke. These results show that families do not pay attention to the nutritional needs of stroke survivors. Some stroke survivors may experience physical impairments that include difficulty chewing and swallowing food. This is due to the emergence of hypermetabolic reactions (excessive metabolism) due to impaired hypothalamic function in the brain. Therefore, nutrition during the healing or post-stroke period requires attention to the fulfillment of the number of needs and the form of nutrition (Suryawantie et al., 2019). Nutrition (Food) is one of the factors that play a role in the post-stroke recovery process. If respondents who have good knowledge, that stroke patients need nutritious and balanced food intake with enough fiber, then their nutritional needs will be met. In this case post-stroke sufferers need adequate, delicious, and balanced food with enough fiber.

Overview of Family Talking Care in Post-Stroke Patients: The results showed that 34 respondents (57.6%) did not receive speech care. Families of post-stroke patients do not help them do tongue and lip exercises every day, nor do they help them communicate with others. This is because speaking is an expression of one's thoughts, ideas, or feelings that emphasizes two-way communication, namely giving and receiving. The purpose of tongue and lip exercises is to strengthen the speech muscles needed to pronounce the slow sounds of language. Tongue training can be done by learning the formation of vowels, which consist of the letters A, I, U, E, and O. The shape and location of the tongue, lips, jaw, jawbone, and jawbone can be practiced. The shape and location of the tongue, lips, jaw and soft palate are very important for vowel formation. Neural plasticity, reorganization of cortical maps, and improved motor function can all be enhanced through intensive practice.

Overview of Family Medicine Care for Post-Stroke Patients: The results showed that 49 respondents (83.1%) received good care. In this case, family treatment included medication management, mobilization exercise therapy, speech therapy, and nutritional care for the patient. Here, family support is very important because the family has information that can be used to predict the patient's condition. Stroke patients desperately need family support to survive, as the family is their psychological treatment. This support is very important to create peace and comfort and to show their existence as individuals living together in the family.



Figure 1. Photo with the Elderly in Kasang Kumpeh Village



Figure 2. Post-stroke interview activity



Figure 3. Discussion with the Elderly

D. Conclusion

The results showed that family knowledge about post-stroke patients was mostly lacking, with 31 respondents (52.5%) in that category. family knowledge plays an important role in caring for stroke patients at home, especially in Kasang Kumpoh area, Jambi. Of the 40 respondents who participated in this study, 67.7% of them had a high school education. However, it should be emphasized that a low level of education is not the determining factor of the family's knowledge level. Knowledge can be obtained through various means, not only from formal education. The more knowledge the family has, the greater the support that can be provided in the process of caring for stroke patients. Without adequate knowledge, families will not be able to provide the care needed by patients and direct them to optimal recovery. Therefore, it is important for families to understand how to care for stroke patients and orient them to the right care process.

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